

my appreciation to the distinguished Senator from Oregon for his comments. We have been working together in a cooperative fashion. I think progress has been made. It has been one of those things where I thought it was worked out, and it didn't seem to be quite worked out.

I know there is good faith all around. Senator DASCHLE and I have been following it closely. I thank the Senator for allowing this pipeline safety legislation to go forward. It is very important legislation, and if it expired, it certainly would pose problems for pipeline safety in the country. We will work with him to see if we can come to an agreement. There is at least one more vehicle it can be attached to if we can get it worked out.

So I thank the Senator for allowing this important legislation to go forward.

#### MORNING BUSINESS

Mr. LOTT. Mr. President, it is my pleasure to rise today in recognition of 100 years of significant accomplishments by the American Academy of Ophthalmology. Since 1896, the four major causes of blindness in the world have been identified and are now preventable, and Academy pioneers have led the way in the eradication of cataract blindness worldwide. The Academy's mission of helping the public maintain healthy eyes and good vision is a lasting tribute to its membership.

In April 1896, Dr. Hal Foster of Kansas City sent out more than 500 invitations to physicians practicing ophthalmology and otolaryngology, inviting them to Kansas City for organizational purposes. Several name changes of the nascent medical society resulted in what ultimately became known as the American Academy of Ophthalmology and Otolaryngology, and remained so until 1979 when the two medical disciplines split into separate academies.

Today, the American Academy of Ophthalmology is the largest national membership association of ophthalmologists—the medical doctors who provide comprehensive eye care, including medical, surgical and optical care. More than 90 percent of practicing U.S. ophthalmologists are Academy members—20,000 strong—and another 3,000 foreign ophthalmologists are international members.

Many principles and strategies that the American Academy of Ophthalmology founded over the years are still championed today. The Academy has fostered a culture of outstanding clinical and educational programs, cutting edge technologies, the latest ophthalmic practice support mechanisms, and highly effective public and government advocacy activities.

Education remains the primary focus of Academy activities. Academy members will celebrate the Centennial Annual meeting in Chicago, October 27-31, 1996. One of the largest and most important ophthalmological meetings in

the world, this 5-day educational event will offer symposia, scientific papers, instructional courses, films, posters, and exhibits designed to educate ophthalmologists and others about practical applications of new advances in eye care.

In the coming years, it is my sincere hope that both the individual and collective efforts of ophthalmologists will continue to transform new knowledge into improved clinical care for the benefit of the American public.

On this centennial observance, I commend the American Academy of Ophthalmology for its steadfast dedication in helping the public maintain healthy eyes and good vision. I urge my colleagues to join with me in saluting the members of the American Academy of Ophthalmology for their many sight-saving accomplishments over the past 100 years.

#### WYDEN-KENNEDY AMENDMENT PROHIBITING GAG RULE IN HEALTH INSURANCE PLANS

Mr. KENNEDY. Mr. President, gag rules have no place in American medicine. Americans deserve straight talk from their physicians. Physicians deserve protection against insurance companies that abuse their economic power and compel doctors to pay more attention to the health of the company's bottom line than to the health of their patients.

You would think everyone would endorse that principle. But the insurance companies that profit from abusing their patients do not—and neither does the Republican leadership in the House and Senate. Senator WYDEN and I offered an amendment to the Treasury-Postal appropriations bill to end this outrageous practice. A 51-48 majority of the Senate voted with us. But the Republican leadership used a technicality of the budget process to raise a point of order requiring 60 votes for our proposal to pass. We have now revised our proposal so that there will be no point of order when we offer it again.

But the delaying tactics of our opponents still continue. We first offered our amendment on September 10. The point of order was raised against it on September 11. We tried to offer the revised version later that day. We waited on the Senate floor all afternoon and evening, and through the next day as well. We were ready to agree on a time limit to permit a prompt vote. Still the Republican leadership said, "no." Finally, the Republican leadership abandoned the whole bill, rather than allow our amendment to pass.

Since September 12, we have waited for another bill on which to offer this proposal. We were prepared to offer it on the pipeline safety bill, but the Republican leadership will not allow that bill to move forward unless we agree to drop our amendment. The pipeline bill was first offered on September 19—and then abandoned in order to block our amendment.

Since September 19, we have also been attempting to negotiate a reasonable compromise with the Republicans that would achieve the goal of protecting doctor-patient communications, but each time agreement has seemed close, new demands have surfaced. Rolling holds were used to block the Kassebaum-Kennedy bill for months. A similar tactic is being used now.

This issue could be resolved in a few minutes of debate on the Senate floor. A stricter approach than the one we proposed was approved by a 25-0 bipartisan vote in the House Health Subcommittee last June, and the full House Commerce Committee approved it by a voice vote in July. The only thing that stands between the American people and ending these outrageous HMO gag rules is the insistence of the Republican leadership on putting the insurance companies first—and patients last.

The need for this proposal is urgent, which is why we are pressing this issue so strongly in the closing days of this session. Patients deserve this protection—and so do doctors. So why is the Republican leadership in Congress protecting the insurance industry?

One of the most dramatic changes in the health care system in recent years has been the growth of health maintenance organizations and other types of managed care. Today, more than half of all Americans with private insurance are enrolled in such plans. In businesses with more than ten employees the figure is 70 percent.

Between 1990 and 1995 alone, the proportion of Blue Cross and Blue Shield enrollees in managed care plans more than doubled—from 20 percent to almost 50 percent. Even conventional fee-for-service health insurance plans have increasingly adopted features of managed care, such as continuing medical review and case management.

In many ways, these are positive developments. Managed care offers the opportunity to extend the best medical practice to all medical practice. It emphasizes helping people to stay healthy, rather than just caring for them when they are sick. Managed care often means more coordinated care and more effective care for people with multiple medical needs. It offers a needed antidote to profit incentives in the current system to order unnecessary care. These incentives have contributed a great deal to the high cost of health care in recent years.

But the same financial incentives that enable HMOs and other managed care providers to practice more cost-effective medicine can also be abused. They can lead to under-treatment or arbitrary restrictions on care, especially when expensive treatments are involved or are likely to reduce HMO profits.

There is a delicate balance between the business side of medicine and the medical side of medicine, and Congress has an important role to play, especially in cases such as this, where doctors and patients are on one side and